



### SCHOOL VEHICLE COMPLAINT

Route Number		School		
Transportation Operator Name		Driver's Name (if known)		
Date of Incident (mm/dd/yyyy)	Time of Incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location		
Complaint Registered By <input type="checkbox"/> School <input type="checkbox"/> Parent <input type="checkbox"/> Bus Driver <input type="checkbox"/> Other				
Name of Person Filing Complaint	Home Phone (613)	Work Phone (613)	Cell Phone (613)	Email Address
911 Address (Street Number, Street Name)	City		Postal Code	
Mailing Address (if different from above)	City		Postal Code	
Description of Complaint: Describe complaint in detail (i.e. who, what, when, where, give names, addresses and anything that will best describe what happened). Attach additional page if necessary.				
Signature of Person Filing Complaint			Date	

~ Please send completed form to RCJTC at above address. ~

*The personal information you have provided on this form and any other correspondence relating to transportation is collected by the Renfrew County Joint Transportation Consortium (RCJTC) under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to arrange appropriate transportation, and to give information to employees and transportation providers to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the **General Manager of the RCJTC, 999 Cecelia St., Pembroke, 613-732-8419.***

**FOR RCJTC STAFF USE ONLY**

Investigation Details and Action Taken

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Investigation By (Print Name)	Date
Investigation By (Signature)	Report I.D.